

(1) TO: Lt. Stephen R. Kramer, Chairman, City Recods Commission
3201 Warsaw Avenue Cincinnati, Ohio 45205
513-263-8350 (O) 513-263-8304 (F)

(2) FROM:

(DEPARTMENT NAME)

(DIRECTOR'S SIGNATURE)

(DATE)

Chairman, Records Commission:

(SIGNATURE)

(DATE)

(SIGNATURE)

(DATE)

(SIGNATURE)

(DATE)

Records at:

0

(DIVISION / SUBDIVISION)

(LOCATION / BRANCH)

(5)

(6)

(7)

(8)

(9)

[illegible]

Records at: 0
 (DEPARTMENT) (DIVISION / SUBDIVISION) (LOCATION / BRANCH)

[illegible]

Records at: 0
 (DEPARTMENT) (DIVISION / SUBDIVISION) (LOCATION / BRANCH)

(5)	(6)	(7)	(8)	(9)
Schedule Number	Record Title and Description	Retention Period	Media Type	For use by Auditor of State or OHS-LGRP
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